INFECTIOUS LARYNGOTRACHEITIS OF FOWLS

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Infectious laryngotracheitis of chickens has become widespread in Canada and the United States during recent years. This disease is also known as infectious tracheitis, infectious bronchitis, or Canadian flu. It usually appears suddenly and spreads rapidly through a flock.

The disease is generally prevalent during the fall and early winter months. It is most commonly observed in birds from 6 months to a year old, although chickens of all ages appear to be susceptible to the infection. A disease has occurred among baby chicks in Ohio during the past 2 years with symptoms similar to infectious laryngotracheitis.

In severe outbreaks nearly all of the susceptible birds in the flock will become affected; however, not all of the infected fowls may show marked respiratory symptoms. Birds that recover from the disease generally are immune from further attacks. On poultry farms the disease usually runs its course in from 2 to 4 weeks; whereas in feeding and fattening stations it may continue for a long time because susceptible birds are being brought continually to such establishments.

Frequently, heavy losses occur from this disease in fowls that are badly infested with intestinal parasites, in flocks that have been vaccinated recently with fowl-pox virus, and in birds exposed to cold by hauling in open trucks. The mortality is usually most severe in feeding and fattening stations and markets.

SYMPTOMS

In from 7 to 12 days after susceptible birds have been exposed to the infection, they will show symptoms of the disease. The most prominent symptom of infectious laryngotracheitis is a "gasping for breath", and it usually appears suddenly. When the affected bird inhales, the head is often extended forward and upward, the beak is open, and a loud piping or whistling sound is emitted. Frequently, bloody mucus is expelled from the trachea during the sudden violent attacks of coughing. There is usually a watery discharge from the eyes and nostrils. Death generally occurs one or 2 days after the first symptoms appear. In some

cases a poultryman finds a few dead birds, which is the first indication of this disease in the flock. The deaths are usually due to suffocation resulting from an accumulation of exudate in the trachea and larynx. The disease causes a marked decrease in egg production, beginning a few days after the first symptoms are observed and persisting for about a month.

CAUSE

Most investigators are of the opinion that the causative agent of this disease is a filterable virus. Feeding and fattening stations, brooder and broiler plants, shows, egg laying contests, fairs, or any place where many birds are assembled provide favorable conditions for the propagation of this virus. The infection can be readily transmitted by confining susceptible stock with diseased fowls or by swabbing the throat with tracheal exudate from infected birds.

DIAGNOSIS

The sudden onset, difficult breathing, the presence of blood stains in the houses, and the rapidity with which it spreads through a flock are diagnostic symptoms of infectious laryngotracheitis.

The disease must be differentiated from fowl-plague, fowl-pox, and inflammation of the larynx and trachea due to other causes. The history, course, mortality, and lesions will differentiate infectious laryngotracheitis from other diseases. A definite diagnosis may be had by having a veterinarian examine a few of the diseased fowls or by sending them to the laboratories of the Ohio Department of Agriculture, Reynoldsburg.[1]

TREATMENT

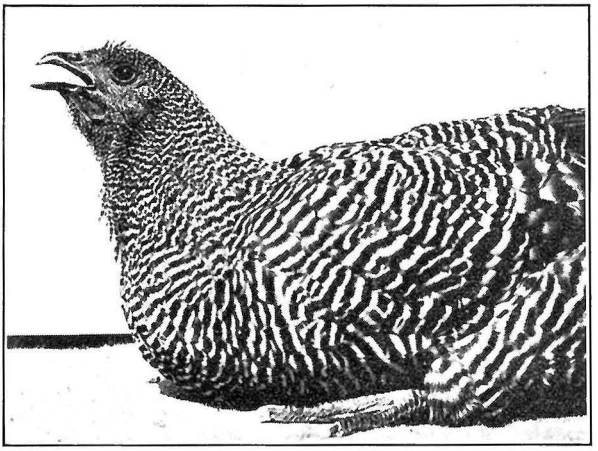
If only a few birds show respiratory symptoms, they should be removed from the flock immediately to prevent the spread of the infection. When many fowls in a flock are affected, every effort should be made to prevent heavy losses. There is no satisfactory flock treatment for this disease. The upper respiratory tract can be sprayed with an argyrol or hypochlorite solution, and various expectorants may be administered to infected birds. Handling birds in the acute stages of infectious laryngotracheitis is probably more harmful to them than the benefit that may be derived from the treatment. Avoid exciting the affected birds, prevent overcrowding, supply as much fresh air as possible without causing a draft, and feed a liberal amount of succulent green feed. In some

[1]Express packages should be sent, prepaid, to Black Lick, Ohio.

cases, to prevent death from asphyxiation, the clotted blood or caseated exudate may be removed from the superior larynx by means of forceps.

CONTROL AND PREVENTION

The disease may be eradicated from feeding stations and broiler plants by slaughtering all of the fowls. The houses, batteries, coops, feeding troughs, and all utensils should be thoroughly cleaned and disinfected before restocking. Chlorine disinfectants or a "fire-gun" may be used to destroy the infection in slaughtering establishments. It is not advisable to use coal-tar disinfectants as the odors will be absorbed by the flesh of poultry. If hypochlorites are used, they should contain 30 per cent of available chlorine. Shortening the feeding periods is another means of preventing heavy losses from laryngotracheitis.



Infectious laryngotracheitis in a pullet

In brooder plants a careful search should be made for infected chicks, and the houses and utensils must be thoroughly cleaned and disinfected after all the diseased birds have been killed and burned.

Most farm flocks do not suffer from this disease unless it is introduced by fowls that are returned from fairs, shows, egg laying contests, or by the purchase of birds from infected regions. Poultry brought to the farm should be quarantined for at least a month before being admitted to the flock. Birds that have recovered from infectious laryngotracheitis should never be placed with susceptible stock. In many cases it would be advisable to sell for food purposes all fowls that have been exposed to infection as such a procedure will prevent the dissemination of the disease and avoid losses.

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